

IN THE DISTRICT COURT
DISTRICT OF DELAWARE

Hermione K.I. Winter,
Plaintiff,

v.

Dr. P. Munoz, et al,
Defendants.

Civil Action No. 17-1432-LPS

MOTION ~~FOR~~ OF Update

I grieved for any treatment, the physical, sexual abuse, and mental I've endured supporting it with facts.

And Those grievances just get unprocessed claiming "magical thinking" that they've been addressed.

The Warden and their attorney's send you letter claiming they care and are monitoring my health

I know you can't walk down here, but if you could you'd see a woman getting no treatment, be starved, being mistreated, being in constant sexual and physical danger.

See Exhibits A.

I Can't make you believe something your honor. But just

Cause they write their doing stuff
doesn't mean their doing it. I
thought you were suppose to take
my stuff as factual and as
pro se most favorable to me.

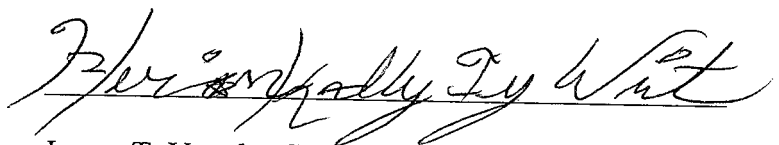
The fact is NOT all people
are created equal and not
all inmates are treated equally.
Those that are easy to walk all
over especially if your a woman
sticking out like a sore
thumb, the walk over you.

Today, 3/31/18, medical told
me well you might be better
off dead and we'll have to
starve for a few months till our
doctors can get to you.

This was upon finding out
like my brother on the street
I've developed a severe life
threatening (can't breath) allergic
reaction to added sugar like
used for coffee found in candy,
cereal, peanut butter

Your honor why won't you help?

Dated: March 31, 2018



James T. Vaughn Correctional Center
1181 Paddock Road
Smyrna, DE 19977

IN THE DISTRICT COURT
DISTRICT OF DELAWARE

_____)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. _____
)	
)	
_____, et al,)	
)	
)	
Defendant.)	

ORDER

IT IS HEREBY ORDERED, THIS _____ DAY OF _____,
20____, THAT THE ATTACHED MOTION _____ HAS BEEN
READ AND CONSIDERED. IT IS ORDERED THAT THE MOTION IS
HEREBY _____.

District Court Judge

Certificate of Service

I, _____ hereby certify that I have served a true and correct cop(ies) of the attached _____
_____ Upon the following parties/persons:

To: _____

To: _____

To: _____

To: _____

BY PLACING SAME IN A SEALED ENVELOPE, and depositing same in the United States Mail at the James T. Vaughn Correctional Center, Smyrna, DE 19977.

On this _____ day of _____, 20____

Exhibit

A

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WINTER, HERMIONE K I SBI# : 00662660 Institution : JTVCC
Grievance # : 398932 Grievance Date : 03/25/2018 Category : Individual
Status : Return / Unprocessed Resolution Status : Resol. Date :
Grievance Type: Health Issue (Medical) Incident Date : 03/25/2018 Incident Time :
IGC : Burley, Katrina Housing at the
time of Grievance : Bldg 21, Lower, Tier C, Cell 2, Bottom
Grievance Loc : JTVCC -Bldg.21 C Tier Current Housing : Bldg 21, Lower, Tier C, Cell 2, Bottom

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate states that "Switzerland is ready to fall; and process this "grievance" as an emergency; as a firm approval or denial for the starting of HRT's dictating inmate's rise or fall. See entire grievance at top under scanner.

Remedy Requested :

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES Date Received by Medical Unit : 03/29/2018
Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : WINTER, HERMIONE K I SBI# : 00662660 Institution : JTVCC
Grievance # : 398932 Grievance Date : 03/25/2018 Category : Individual
Status : Return / Unprocessed Resolution Status : Inmate Status :
Grievance Type: Health Issue (Medical) Incident Date : 03/25/2018 Incident Time :
IGC : Burley, Katrina Housing at the
time of Grievance : Bldg 21, Lower, Tier C, Cell 2, Bottom
Grievance Loc : JTVCC -Bldg.21 C Tier Current Housing : Bldg 21, Lower, Tier C, Cell 2, Bottom

INFORMAL RESOLUTION

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

Process as an Emergency!

FORM #: 585

MEDICAL GRIEVANCE

FACILITY: JTVCC

DATE SUBMITTED: March 25, 2018

INMATE'S NAME: Hermione V.I. Winter

SBI#: 00662660

HOUSING UNIT: M.H. Bldg. 21 C-Room L-2

CASE #: 398932

SECTION 1

DATE AND TIME OF MEDICAL INCIDENT: March 23, 2018

TYPE OF MEDICAL PROBLEM: The country of Switzerland political way of its leader was, simply put, not to make a decision. I know I have Dr. Timme & Dr. August support. On 3/23/18 Timme repeatedly said, "No one is saying no to you starting HRT's." Imagine the citizens of Switzerland's horror when they discovered the fall of their country was due to their leaders' indecisiveness. I am now Switzerland. No decision (ie not saying yes or no) is a decision. It is now time to make a decision, before history repeats itself and the country falls. What say you? what say you all?

GRIEVANT'S SIGNATURE: Hermione V.I. Winter

DATE: March 25, 2018

ACTION REQUESTED BY GRIEVANT: A firm approval or firm denial of me starting feminizing HRT's dictating my rise or fall.

RECEIVED

MAR 26 2018

DATE RECEIVED BY MEDICAL UNIT: _____

INMATE GRIEVANCE OFFICE

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Delaware Department of Correction**Return of Unprocessed Grievance**

Offender Name: WINTER HERMIONE K I
 SBI #: 00662660
 Grievance #: 398932
 Facility: JTVCC
 Grievance Type: Health Issue (Medical)
 Location: DCC000300

Incident Date: 03/25/2018
 Incident Time:
 IGC Recd Date: 03/26/2018
 Category: Individual
 Grievance:
 Return Date: 03/25/2018

- ☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Disciplinary Action.** Appeals of disciplinary actions shall be sent to the Hearing Officer within 15 days of the offender's receipt of the hearing's written record. Refer to BOP Policy 4.2 "Rules of Conduct" on how to appeal. Disciplinary #
- ☐ **Parole Decision.** Decisions of the Parole Board should be directed to the Board of Parole by writing their offices at:
 Carvel State Office Building - Fifth Floor
 820 North French Street
 Wilmington, DE 19801
- ☐ **Classification Action.** Written appeals must be submitted within 10-days of receipt of the decision of the committee/board. IBCC decisions shall be directed to the facility Warden/designee, CICB decisions shall be directed to the Classification Administrator. Refer to BOP Policy 3.3 "Classification" on how to appeal.
- ☐ **Prohibited Mail.** Written appeals on prohibited mail shall be directed to the facility Warden. Refer to BOP Policy 8.92 "Mailroom Operations" on how to appeal.
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.
- ☒ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance #
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.**
- ☐ **Inquiry on behalf of other Inmates.** Inmate cannot submit grievances for other Inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.
- ☐ **Staff Investigation:** To request that the actions of staff personnel be investigated write to your Unit Commander with that request. If you receive no response or are dissatisfied with the response of your Unit Commander you may appeal that decision to the Operations Superintendent and ultimately to the War
- ☐ **Abuse:** Your use of the grievance process has been determined to be abusive. During the restriction period all grievances lodged in excess of the authorized amount shall be returned.
- ☐ **Others:**
 Duplicate grievances 395672 and 391882

USCC James E. Vaughn Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WINTER, HERMIONE K I SBI# : 00662660 Institution : JTVCC
Grievance # : 398990 Grievance Date : 03/21/2018 Category : Individual
Status : Return / Unprocessed Resolution Status : Resol. Date :
Grievance Type: Miscellaneous Incident Date : 03/21/2018 Incident Time :
IGC : Burley, Katrina Housing at the time of Grievance : Bldg 21, Lower, Tier C, Cell 2, Bottom
Grievance Loc : JTVCC -Bldg.21 C Tier Current Housing : Bldg 21, Lower, Tier C, Cell 2, Bottom

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate states that he should not have to tolerate the enduring bullcrap as Lt. Davis was present and said nothing as C/O Demby statement referenced in grievance concerning the schedule as a transgender woman and wouldlike to be transferred to BWCI or move inmate back "upstairs" away from the pigs. See entire grievance at top under scanner.

Remedy Requested :

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : NO Date Received by Medical Unit :
Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : WINTER, HERMIONE K I SBI# : 00662660 Institution : JTVCC
Grievance # : 398990 Grievance Date : 03/21/2018 Category : Individual
Status : Return / Unprocessed Resolution Status: Inmate Status :
Grievance Type: Miscellaneous Incident Date : 03/21/2018 Incident Time :
IGC : Burley, Katrina Housing at the time of Grievance : Bldg 21, Lower, Tier C, Cell 2, Bottom
Grievance Loc : JTVCC -Bldg.21 C Tier Current Housing : Bldg 21, Lower, Tier C, Cell 2, Bottom

INFORMAL RESOLUTION

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

FORM #584

GRIEVANCE FORM

Provide Copy

FACILITY: James T. Vaughn Correctional Center

DATE: March 21, 2018

GRIEVANT'S NAME: Hermione K.T. Winter

SBI #: 00662660

CASE #:

398990

TIME OF INCIDENT: Around 1000 hours

HOUSING UNIT: M.H. Bldg. 21 C-Tier Lower

I should NOT have to tolerate this. BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES. Prepare for these frequently; I get abused ALOT!
I'm done enduring this bullcrap and I'm reporting it all.
Lt. Davis was present and said nothing. These things
are what contributed to my suicide and unnecessary. Also
present Officer Green (who escorted me) and C/O Highman.
C/O Demby upon asking what I was doing up at 24 to use
the weekly inmate bathroom was respectfully informed by
by me and green I am one of the transgender women and
I shave Monday, Wednesday, and Friday. He (Demby) and
I quote "oh, hell fucking no. They're gonna let this mother
fucker shave. (Pointed at me) I'm going back to the SHU
ACTION REQUESTED: Fuck this shit. This is a male prison. This
(mother fucker) (pointed at me again) (Fuck) this I'm
going back to the SHU."

Action Requested: Transfer me to a female facility
Segregated or make an exception (I'll let no one
know) and let me have the razor comp. in my room.

GRIEVANT'S SIGNATURE: Hermione K.T. Winter DATE: March 21, 2018

WAS AN INFORMAL RESOLUTION ACCEPTED?

(YES)

(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

(2)

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE OR SUBJECT MATTER EXPERT PANEL.

RECEIVED

cc: INSTITUTION FILE
 GRIEVANT

MAR 26 2018

March '16 REV

INMATE GRIEVANCE OFFICE

FORM #584

GRIEVANCE FORM

Emergency

FACILITY: JTVCCDATE: 3/16/18GRIEVANT'S NAME: Hermione K. I Winter SBI #: 00 662 66 0

CASE #: _____

TIME OF INCIDENT: OngoingHOUSING UNIT: 21 C L-2

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I am a M.H. patient and am severely ill fighting for treatment. My safety and medical health are of my top priority. My M.H./Medical conditions were improving, excluding my B.D. While upstairs on C-Tier. And furthermore, I was the safest I've been around a lot of pig (men) that I've ever been. Only with the exception of one, there's usually a multitude in my experience, of one perv: Mike in U-7. See cameras inside and outside on 3/6, 3/7 & 3/8 for private groping, slapping, bear hugging, pulling hair, flicking hair, etc. I am NOT a toy. Lt. Lorick had me moved ~~on 3/8~~ on 3/8 and starting the investigation on 3/9. This stuff was done ON CAMERA. On 3/15 he said he's still investigating. Meanwhile, my health is diminishing and I am uncomfortable around The Walking Dead. I think Mike is officially scarred & learned his lesson. Action REQUESTED: Move me back upstairs.

GRIEVANT'S SIGNATURE: Hermione K. I Winter DATE: 3/16/18

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANTS'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE OR SUBJECT MATTER EXPERT PANEL.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED

MAR 26 2018

March '16 REV

INMATE GRIEVANCE OFFICE

Delaware Department of Correction**Return of Unprocessed Grievance**

Offender Name:	WINTER HERMIONE K I	Incident Date:	03/21/2018
SBI #:	00662660	Incident Time	
Grievance #:	398990	IGC Recd Date:	03/26/2018
Facility:	JTVCC	Category:	Individual
Grievance Type:	Miscellaneous	Grievance	03/21/2018
Location:	DCC000300	Return Date:	

- ☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Disciplinary Action.** Appeals of disciplinary actions shall be sent to the Hearing Officer within 15 days of the offender's receipt of the hearing's written record. Refer to BOP Policy 4.2 "Rules of Conduct" on how to appeal. Disciplinary #
- ☐ **Parole Decision.** Decisions of the Parole Board should be directed to the Board of Parole by writing their offices at:
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Wilmington, DE 19801
- ☐ **Classification Action.** Written appeals must be submitted within 10-days of receipt of the decision of the committee/board. IBCC decisions shall be directed to the facility Warden/designee, CICB decisions shall be directed to the Classification Administrator. Refer to BOP Policy 3.3 "Classification" on how to appeal.
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- ☐ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance #
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.**
- ☐ **Inquiry on behalf of other Inmates.** Inmate cannot submit grievances for other Inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.
- ☐ **Staff Investigation:** To request that the actions of staff personnel be investigated write to your Unit Commander with that request. If you receive no response or are dissatisfied with the response of your Unit Commander you may appeal that decision to the Operations Superintendent and ultimately to the War
- ☐ **Abuse:** Your use of the grievance process has been determined to be abusive. During the restriction period all grievances lodged in excess of the authorized amount shall be returned.
- ☒ **Others:**
This is outside the purview of 4.4. IGC has no control over movement/transfer of offenders.

Delaware Department of Correction

Return of Unprocessed Grievance

Please communicate with Lt. Lorick since he did the initial move. Issue with other offenders should be corresponded to Internal Affairs.

JTVCC
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WINTER, HERMIONE K I	SBI# : 00662660	Institution : JTVCC
Grievance # : 394095	Grievance Date : 02/20/2018	Category : Individual
Status : Return / Unprocessed	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 02/20/2018	Incident Time :
IGC : Burley, Katrina	Housing at the time of Grievance : Bldg 21, Upper, Tier B, Cell 3, Top	
Grievance Loc : JTVCC -21	Current Housing : Bldg 21, Lower, Tier C, Cell 2, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims..Surgical removal of excess skin and stretchm marks and provide feminizing HRT's bringing estrogen above 200 and test below 25. Finally provide a high calorie protein vegan religious tray or provide a high calorie ...religious served with 6oz peanut butter evey meal. See scanned document for entire complaint.

Remedy Requested :

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES **Date Received by Medical Unit :** 02/23/2018

Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : WINTER, HERMIONE K I	SBI# : 00662660	Institution : JTVCC
Grievance # : 394095	Grievance Date : 02/20/2018	Category : Individual
Status : Return / Unprocessed	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/20/2018	Incident Time :
IGC : Burley, Katrina	Housing at the time of Grievance : Bldg 21, Upper, Tier B, Cell 3, Top	
Grievance Loc : JTVCC -21	Current Housing : Bldg 21, Lower, Tier C, Cell 2, Bottom	

INFORMAL RESOLUTION

Investigator Name : Brackett, Laura L RN *Unprocessed* → **Date of Report:** 03/16/2018

Investigation Report : This issue has been addressed in grievance 395672 with the exception of The dietician did not refuse to see him but had consulted with NP Miller. This is with understanding patient is to try megace for appetite. Skin removal is cosmetic surgery which is necessary for care.

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

Delaware Department of Correction**Return of Unprocessed Grievance**

Offender Name:	WINTER HERMIONE K I	Incident Date:	02/20/2018
SBI #:	00662660	Incident Time	
Grievance #:	394095	IGC Recd Date:	02/22/2018
Facility:	JTVCC	Category:	Individual
Grievance Type:	Health Issue (Medical)	Grievance	
Location:	DCC000019	Return Date:	02/20/2018

- ☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Disciplinary Action.** Appeals of disciplinary actions shall be sent to the Hearing Officer within 15 days of the offender's receipt of the hearing's written record. Refer to BOP Policy 4.2 "Rules of Conduct" on how to appeal. Disciplinary #
- ☐ **Parole Decision.** Decisions of the Parole Board should be directed to the Board of Parole by writing their offices at:
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- ☐ **Prohibited Mail.** Written appeals on prohibited mail shall be directed to the facility Warden. Refer to BOP Policy 8.92 "Mailroom Operations" on how to appeal.
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.
- ☒ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # 395672
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.**
- ☐ **Inquiry on behalf of other Inmates.** Inmate cannot submit grievances for other Inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.
- ☐ **Staff Investigation:** To request that the actions of staff personnel be investigated write to your Unit Commander with that request. If you receive no response or are dissatisfied with the response of your Unit Commander you may appeal that decision to the Operations Superintendent and ultimately to the War
- ☐ **Abuse:** Your use of the grievance process has been determined to be abusive. During the restriction period all grievances lodged in excess of the authorized amount shall be returned.
- ☐ **Others:**

JTVCC James I. Vaughn Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 03/12/2018

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : WINTER, HERMIONE K I	SBI# : 00662660	Institution : JTVCC
Grievance # : 394095	Grievance Date : 02/20/2018	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 02/20/2018	Incident Time :
IGC : Burley, Katrina	Housing at the time of Grievance : Bldg 21, Upper, Tier B, Cell 3, Top	
Grievance Loc : JTVCC -21	Current Housing : Bldg 21, Lower, Tier C, Cell 2, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims..Surgical removal of excess skin and stretchm marks and provide feminizing HRT's bringing estrogen above 200 and test below 25. Finally provide a high calorie protein vegan religious tray or provide a high calorie ...religious served with 6oz peanut butter every meal. See scanned document for entire complaint.

Remedy Requested :

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES **Date Received by Medical Unit :** 02/23/2018

Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : WINTER, HERMIONE K I	SBI# : 00662660	Institution : JTVCC
Grievance # : 394095	Grievance Date : 02/20/2018	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 02/20/2018	Incident Time :
IGC : Burley, Katrina	Housing at the time of Grievance : Bldg 21, Upper, Tier B, Cell 3, Top	
Grievance Loc : JTVCC -21	Current Housing : Bldg 21, Lower, Tier C, Cell 2, Bottom	

INFORMAL RESOLUTION

Investigator Name : Brackett, Laura L RN **Date of Report:**

Investigation Report :

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

Due to length of endured torture, process as
emergency & as one

FORM #: 585

Read All
Please!

MEDICAL GRIEVANCE

Page 1 of 10

grievance (All
10 Pages)

FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Winter

SBI#: 00662660

HOUSING UNIT: 21 B U-3

CASE #: 394095

EMERGENCY

SECTION 1

DATE AND TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM: Due to the depression, anguish, stress, etc. of my gender dysphoria I've been experiencing constant loss of 2-6 pounds weekly. See ichart. Despite recommendation of feminizing HRT's, see ichart 7/7/17 entry, this continues to go unconstitutionally unaddressed, and inadequately amounting to torture. On 1/17/18 my Ensure Plus for weight gain abruptly dropped/stopped. I later learned I had been lied to and they contained product of animal violating my religious beliefs. No substitution was put in place as my weight continued to plummet and

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: 2/20/18

ACTION REQUESTED BY GRIEVANT:

see Page 10

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #: 585

MEDICAL GRIEVANCE

Page 2 of 10

Read ALL
Please!

FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Winter

SBI#: 00662660

HOUSING UNIT: 21 B U-3

CASE #: 394095

SECTION 1

DATE AND TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM:

I was assured once again I'd see the dietitian that week. It was to discuss a High Calorie/High Protein Vegan (Religious) Tray with Meagan. Assurance made by Carla Miller. Thru no fault of Miss Carla that never furished. I have long made it known by then accross the board verbally and in writting that I could no longer trade my NON-vegan Food for Vegan Commy/Otherwise. This is due to the fact I am a woman and often other strings are attached in

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: 2/20/18

ACTION REQUESTED BY GRIEVANT: _____

See Page 10

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Read ALL
Please!

FORM #: 585

MEDICAL GRIEVANCE

Page 3 of 10

FACILITY: JTVCCDATE SUBMITTED: 2/20/18INMATE'S NAME: Hermione Kelly Ivy WinterSBI#: 00662660HOUSING UNIT: 21 B U-3CASE #: 3940.95SECTION IDATE AND TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM: reguards to PREA as a sense of entitlement; furthermore, the trading is a violation of inmate housing rules. See ichart note on 8/30/16 demanding no write-ups to recieve HRT's by Dr Robin O. Timme. On 2/7/18 I was informed by Nurse Collette that Meagan had noted in my file she refuses to meet with me or provide a Vegan tray of any kind AND HRT's were again being delayed. See ichart. On 2/7/18 I went on PCO for a severe serious suicide attempt. I was sent to the compound

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: 2/20/18ACTION REQUESTED BY GRIEVANT: see Page 10

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Read ALL
Please

FORM #: 585

MEDICAL GRIEVANCE

Page 4 of 10

FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Winter SBI#: 00662660

HOUSING UNIT: 21 B U-3

CASE #: 394095

SECTION 1

DATE AND TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM: infirmity PCO due to a bloody nose and neck from hanging myself. I've been enduring almost 2 years of the run around. See chart; see Doc Photo's take of scene and person. On 2/8/18 I spoke to the provider regarding said tray and was ensured it would be handled; the tray (vegan) was not. I was then transferred to PCO to Bldg. 21 Mental Health RTC Building. From 1/17/18 to 2/10/18 due to religious beliefs and inability to trade for pre-mentioned reasons I was lucky to get 500 to

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: 2/20/18

ACTION REQUESTED BY GRIEVANT: _____

See Page 10

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Please Read
ALL

FORM #: 585

MEDICAL GRIEVANCE

Page 5 of 10

FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Winter SBI#: 00662660

HOUSING UNIT: 21 B U-3

CASE #: 394095

SECTION 1

DATE AND TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM: 800 calories. on 2/10/18 almost a month from the time my ensures stopped and losing 4 to 6 pounds a week, a medication normally used to force cancer patients to eat begun along with a High Calorie High Protein Regular Tray with Meat, Fish, Eggs, cheese, milk and other animal bi-product. Against my multiple time vocalized religious beliefs; however, due to severe hunger pain caused by the meds and informed I would not leave PCO till I started eating everything I was literally forced to resort to breaking my

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: 2/20/18

ACTION REQUESTED BY GRIEVANT:

See Page 10

DATE RECEIVED BY MEDICAL UNIT:

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Read ALL
Please!

FORM #: 585

MEDICAL GRIEVANCE

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FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Winter SBI#: 00662660

HOUSING UNIT: 21 B U-3

CASE #: 394095

SECTION 1

DATE AND TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM: Senility held beliefs/oaths. In addition to enduring agonizing teeth pain because I was being denied access to my two dental prescription. Other inmates were allowed KOP meds outside their flap. See chart for following info on 2/6/17 I weighed 135 pounds, on 2/13/17 I weighed in at 130 pounds; DESPITE EATING doubles to triples every meal while being closely monitored on PCO to ensure I ate every crumb I weighed in at 124 pounds on 2/20/17. These weights do NOT factor in clothes or all my excess skin starting 2/12

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: 2/20/18

ACTION REQUESTED BY GRIEVANT: _____

See Page 10

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Read ALL
please!

FORM #585

MEDICAL GRIEVANCE

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FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Winter

SBI#: 00662660

HOUSING UNIT: 21 B U-3

CASE #: 394095

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM: pounds resulting from this deliberate indifference. When inquiring in objection to the new 2/10/17 tray for the Megan Carla Miller's response was "you need your protien." Not even taking into account the protien in PB & Beans this answer does not suffice. As Inmate Joshua Stevenson who "actually" has a "protien medical deficiency" is on a Vegetarian Religious Tray with a 3oz additional Peanut Butter Cup served every meal. See charts I've had a colonoscopy, abdominal ultrasound, poop test, and a trancheautomy that all came back

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: 2/20/18

ACTION REQUESTED BY GRIEVANT: See Page 10

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Read ALL
Please!

FORM #585

MEDICAL GRIEVANCE

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FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Winter

SBI#: 00662668

HOUSING UNIT: 21 B U-3

CASE #: 394095

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM: fine. See chart. Being forced on a High Calorie High Protein Diet that is not vegan, how I've eaten my whole life has now caused additional medical problems. Namely heartburn, acid reflux, painful bloating, and nausea. In addition, I am and have been having to regularly take lactilose or stronger meds to stimulate a bowel due to abnormal constipation. Caused directly from the anguish and stress of my untreated Gender Dysphoria (GD) w/HRTs. I am on fiber pills and my blood work shows I'm drinking more than adequate amounts of water, It has been noted

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: 2/20/18

ACTION REQUESTED BY GRIEVANT: See Page 10

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Read ALL
please!

FORM #585

MEDICAL GRIEVANCE

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FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Webster SB#: 00662660

HOUSING UNIT: 21 B U-3

CASE #: 394095

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM: by Carla Miller, Dr. August (7/7/17), Dr. Robin O. Timme, Virginia, David Yunis and several others in agreement that the weight can only be stemming from depression. I've undergone psychotherapy for years and even the courts recognize that always fails for G.D. I've complied with all doctor orders. I've been on several depression meds & other SSRI's to no avail. I've notified connections countless times when I was on my feminizing hormones on the street saving for bottom surgery (vaginoplasty) this was NOT a

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Webster DATE: 2/20/18

ACTION REQUESTED BY GRIEVANT: See Page 10

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Read ALL
Please

FORM #585

MEDICAL GRIEVANCE

Page 10 of 10

FACILITY: JTVCC

DATE SUBMITTED: 2/20/18

INMATE'S NAME: Hermione Kelly Ivy Winter

SBI#: 00662660

HOUSING UNIT: 21 B U-3

CASE #: 394095

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM: issue. By simple, now, process of elimination the only thing that has not been tried is feminizing HRT's. Of which there have only been delays and lies. Finally the outside Dr. David Kalkstein NP and him stated a Vegan Religious Diet is called for and also submits to the fact these issues can only be related to my E.D. going untreated. These issues are so closely tied together and rapid succession it has to be in one grievance. I just got off PCO in the last 24 hours.

GRIEVANT'S SIGNATURE: Hermione Kelly Ivy Winter DATE: February 20, 2018

→ Not to D/C anything w/o adequate replacement.

ACTION REQUESTED BY GRIEVANT: Surgical removal of excess skin and stretch marks AND Provide Feminizing HRT's bringing estrogen above 200 and test below 25. Finally Provide a High-Calorie High Protein Vegan Religious Tray or Provide a High Calorie High Protein Vegetarian Tray Religious served

DATE RECEIVED BY MEDICAL UNIT: _____ with 6oz peanut butter every meal.

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.